

Notification for Underground Storage Tanks		STATE USE ONLY	
Agency Name and Address U.S. EPA Region 10, Underground Storage Tank Program, 1200 Sixth Avenue WD-139, Seattle WA 98101		ID NUMBER 4-260115-381	
TYPE OF NOTIFICATION <input type="checkbox"/> A. NEW FACILITY <input type="checkbox"/> B. AMENDED <input type="checkbox"/> C. CLOSURE _____ No. of tanks at facility _____ No. of continuation sheets attached		DATE RECEIVED A. Date Entered Into Computer 2/23/94 B. Data Entry Clerk Initials KMK C. Owner Was Contacted to Clarify Responses. Comments <div style="text-align: right; border-bottom: 1px solid black;">FEB 27 1994</div>	
INSTRUCTIONS Please type or print in ink all items except "signature" in section V. This form must be completed for each location containing underground storage tanks. If more than five (5) tanks are owned at this location, photocopy the following sheets, and staple continuation sheets to the form.		<div style="text-align: center; border: 1px solid black; padding: 2px;">WATER DIVISION</div> <div style="text-align: center; border: 1px solid black; padding: 2px;">DRINKING WATER/GROUND WATER</div>	

GENERAL INFORMATION

Notification is required by Federal law for all underground tanks that have been used to store regulated substances since January 1, 1974, that are in the ground as of May 8, 1986, or that are brought into use after May 8, 1986. The information requested is required by Section 9002 of the Resource Conservation and Recovery Act, (RCRA), as amended.

The primary purpose of this notification program is to locate and evaluate underground tanks that store or have stored petroleum or hazardous substances. It is expected that the information you provide will be based on reasonably available records, or in the absence of such records, your knowledge, belief, or recollection.

Who Must Notify? Section 9002 of RCRA, as amended, requires that, unless exempted, owners of underground tanks that store regulated substances must notify designated State or local agencies of the existence of their tanks. Owner means—

a) in the case of an underground storage tank in use on November 8, 1984, or brought into use after that date, any person who owns an underground storage tank used for the storage, use, or dispensing of regulated substances, and

b) in the case of any underground storage tank in use before November 8, 1984, but no longer in use on that date, any person who owned such tank immediately before the discontinuation of its use.

c) If the State agency so requires, any facility that has undergone any changes to facility information or tank system status (only amended tank information needs to be included).

What Tanks Are Included? Underground storage tank is defined as any one or combination of tanks that (1) is used to contain an accumulation of "regulated substances," and (2) whose volume (including connected underground piping) is 10% or more beneath the ground. Some examples are underground tanks storing: 1. Gasoline, used oil, or diesel fuel, and 2. industrial solvents, pesticides, herbicides or fumigants.

What Tanks Are Excluded? Tanks removed from the ground are not subject to notification. Other tanks excluded from notification are:

1. farm or residential tanks of 1,100 gallons or less capacity used for storing motor fuel for noncommercial purposes;
2. tanks used for storing heating oil for consumptive use on the premises where stored;

3. septic tanks;
4. pipeline facilities (including gathering lines) regulated under the Natural Gas Pipeline Safety Act of 1968, or the Hazardous Liquid Pipeline Safety Act of 1979, or which is an intrastate pipeline facility regulated under State laws;
5. surface impoundments, pits, ponds, or lagoons;
6. storm water or waste water collection systems;
7. flow-through process tanks;
8. liquid traps or associated gathering lines directly related to oil or gas production and gathering operations;
9. storage tanks situated in an underground area (such as a basement, cellar, mineworking drift, shaft, or tunnel) if the storage tank is situated upon or above the surface of the floor.

What Substances Are Covered? The notification requirements apply to underground storage tanks that contain regulated substances. This includes any substance defined as hazardous in section 101 (14) of the Comprehensive Environmental Response, Compensation and Liability Act of 1980 (CERCLA), with the exception of those substances regulated as hazardous waste under Subtitle C of RCRA. It also includes petroleum, e.g., crude oil or any fraction thereof which is liquid at standard conditions of temperature and pressure (60 degrees Fahrenheit and 14.7 pounds per square inch absolute).

Where To Notify? Send completed forms to:

U.S. EPA Region 10
Underground Storage Tank Program
1200 Sixth Avenue WD-139
Seattle, WA 98101

When To Notify? 1. Owners of underground storage tanks in use or that have been taken out of operation after January 1, 1974, but still in the ground, must notify by May 8, 1986. 2. Owners who bring underground storage tanks into use after May 8, 1986, must notify within 30 days of bringing the tanks into use. 3. If the State requires notification of any amendments to the facility send information to State agency immediately.

Penalties: Any owner who knowingly fails to notify or submits false information shall be subject to a civil penalty not to exceed \$10,000 for each tank for which notification is not given or for which false information is submitted.

I. OWNERSHIP OF TANK(S)

Owner Name (Corporation, Individual, Public Agency, or Other Entity)

EAGLE STOP & SALES INC.

Street Address

50 WEST WAPATO RD

WAPATO WA 98951
City State ZIP Code

YAKIMA
County

(509) 877-7122
Phone Number (Include Area Code)

II. LOCATION OF TANK(S)

If required by State, give the geographic location of tanks by degrees, minutes, and seconds. Examples Lat. 42, 36, 12 N Long. 85, 24, 17 W

Latitude _____ Longitude _____

(If same as Section I, mark box here ☐)

Facility Name or Company Site Identifier, as applicable

Street Address (P.O. Box not acceptable)

50 WEST WAPATO RD

WAPATO WA 98951
City State ZIP Code

YAKIMA
County Municipality


III. TYPE OF OWNER	INDIAN LANDS
<input type="checkbox"/> Federal Government <input type="checkbox"/> Commercial <input type="checkbox"/> State Government <input checked="" type="checkbox"/> Private <input type="checkbox"/> Local Government	<div style="display: flex; justify-content: space-between;"> <div style="width: 70%;"> <p>Tanks are located on land within an Indian Reservation or on other trust lands.</p> <p>Tanks are owned by native American nation, tribe, or individual.</p> </div> <div style="width: 25%;"> <input checked="" type="checkbox"/> Tribe or Nation: <u>YAKIMA</u> </div> </div>

V. TYPE OF FACILITY															
<p>Select the Appropriate Facility Description</p> <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Gas Station</td> <td><input type="checkbox"/> Railroad</td> <td><input type="checkbox"/> Trucking/Transport</td> </tr> <tr> <td><input type="checkbox"/> Petroleum Distributor</td> <td><input type="checkbox"/> Federal - Non-Military</td> <td><input type="checkbox"/> Utilities</td> </tr> <tr> <td><input type="checkbox"/> Air Taxi (Airline)</td> <td><input type="checkbox"/> Federal - Military</td> <td><input type="checkbox"/> Residential</td> </tr> <tr> <td><input type="checkbox"/> Aircraft Owner</td> <td><input type="checkbox"/> Industrial</td> <td><input type="checkbox"/> Farm</td> </tr> <tr> <td><input type="checkbox"/> Auto Dealership</td> <td><input type="checkbox"/> Contractor</td> <td><input type="checkbox"/> Other (Explain) _____</td> </tr> </table>	<input checked="" type="checkbox"/> Gas Station	<input type="checkbox"/> Railroad	<input type="checkbox"/> Trucking/Transport	<input type="checkbox"/> Petroleum Distributor	<input type="checkbox"/> Federal - Non-Military	<input type="checkbox"/> Utilities	<input type="checkbox"/> Air Taxi (Airline)	<input type="checkbox"/> Federal - Military	<input type="checkbox"/> Residential	<input type="checkbox"/> Aircraft Owner	<input type="checkbox"/> Industrial	<input type="checkbox"/> Farm	<input type="checkbox"/> Auto Dealership	<input type="checkbox"/> Contractor	<input type="checkbox"/> Other (Explain) _____
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<input type="checkbox"/> Aircraft Owner	<input type="checkbox"/> Industrial	<input type="checkbox"/> Farm													
<input type="checkbox"/> Auto Dealership	<input type="checkbox"/> Contractor	<input type="checkbox"/> Other (Explain) _____													

VI. CONTACT PERSON IN CHARGE OF TANKS								
<table style="width: 100%;"> <tr> <th style="width: 20%;">Name</th> <th style="width: 20%;">Job Title</th> <th style="width: 30%;">Address</th> <th style="width: 30%;">Phone Number (Include Area Code)</th> </tr> <tr> <td>DUSTIN RAMSEY</td> <td>VICE-President</td> <td>402 E. YAKIMA AVE, Suite 510, YAKIMA, WA 98901</td> <td>(509) 452-4530</td> </tr> </table>	Name	Job Title	Address	Phone Number (Include Area Code)	DUSTIN RAMSEY	VICE-President	402 E. YAKIMA AVE, Suite 510, YAKIMA, WA 98901	(509) 452-4530
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DUSTIN RAMSEY	VICE-President	402 E. YAKIMA AVE, Suite 510, YAKIMA, WA 98901	(509) 452-4530					

VII. FINANCIAL RESPONSIBILITY			
<p>I have met the financial responsibility requirements in accordance with 40 CFR Subpart H </p>			
<table style="width: 100%; border-top: 1px dashed black;"> <tr> <td style="width: 33%; vertical-align: top;"> <p>Check All that Apply</p> <div style="display: flex; flex-direction: column; gap: 5px;"> <input type="checkbox"/> Self Insurance <input type="checkbox"/> Commercial Insurance <input type="checkbox"/> Risk Retention Group </div> </td> <td style="width: 33%; vertical-align: top;"> <div style="display: flex; flex-direction: column; gap: 5px;"> <input type="checkbox"/> Guarantee <input type="checkbox"/> Surety Bond <input type="checkbox"/> Letter of Credit </div> </td> <td style="width: 33%; vertical-align: top;"> <div style="display: flex; flex-direction: column; gap: 5px;"> <input type="checkbox"/> State Funds <input type="checkbox"/> Trust Fund <input type="checkbox"/> Other Method Allowed Specify _____ </div> </td> </tr> </table>	<p>Check All that Apply</p> <div style="display: flex; flex-direction: column; gap: 5px;"> <input type="checkbox"/> Self Insurance <input type="checkbox"/> Commercial Insurance <input type="checkbox"/> Risk Retention Group </div>	<div style="display: flex; flex-direction: column; gap: 5px;"> <input type="checkbox"/> Guarantee <input type="checkbox"/> Surety Bond <input type="checkbox"/> Letter of Credit </div>	<div style="display: flex; flex-direction: column; gap: 5px;"> <input type="checkbox"/> State Funds <input type="checkbox"/> Trust Fund <input type="checkbox"/> Other Method Allowed Specify _____ </div>
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VIII. CERTIFICATION (Read and sign after completing all sections)
<p>I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.</p>

Name and official title of owner or owner's authorized representative (Print)	Signature	Date Signed
R.E. RAMSEY President		2/17/94

EPA estimates public reporting burden for this form to average 30 minutes per response including time for reviewing instructions, gathering and maintaining the data needed and completing and reviewing the form. Send comments regarding this burden estimate to Chief, Information Policy Branch PM-223, U.S. Environmental Protection Agency, 401 M Street, Washington D.C. 20460, marked "Attention Desk Officer for EPA." This form amends the previous notification form as printed in 40 CFR Part 280, Appendix I. Previous editions of this notification form may be used while supplies last.

IX. DESCRIPTION OF UNDERGROUND STORAGE TANKS (Complete for each tank at this location.)

Tank Identification Number	Tank No. <u>1</u>	Tank No. <u>2</u>	Tank No. <u>3</u>	Tank No. _____	Tank No. _____
1. Status of Tank (mark only one)					
Currently in Use	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporarily Out of Use (Remember to fill out section X.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permanently Out of Use (Remember to fill out section X.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amendment of Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Date of Installation (mo./year)	<u>3/90</u>	<u>3/90</u>	<u>3/90</u>		
3. Estimated Total Capacity (gallons)	<u>12,000</u>	<u>12,000</u>	<u>12,000</u>		
4. Material of Construction (Mark all that apply)					
Asphalt Coated or Bare Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodically Protected Steel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epoxy Coated Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Composite (Steel with Fiberglass)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass Reinforced Plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lined Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double Walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polyethylene Tank Jacket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concrete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excavation Liner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, Please specify _____					
Has tank been repaired?	<u>NO</u>	<u>NO</u>	<u>NO</u>	<input type="checkbox"/>	<input type="checkbox"/>
5. Piping (Material) (Mark all that apply)					
Bare Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Galvanized Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass Reinforced Plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodically Protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double Walled	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary Containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, Please specify _____					
6. Piping (Type) (Mark all that apply)					
Suction: no valve at tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suction: valve at tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressure	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gravity Feed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has piping been repaired?	<u>NO</u>	<u>NO</u>	<u>NO</u>	<input type="checkbox"/>	<input type="checkbox"/>

Tank Identification Number	Tank No. <u>1</u>	Tank No. <u>2</u>	Tank No. <u>3</u>	Tank No. _____	Tank No. _____
7. Substance Currently or Last Stored In Greatest Quantity by Volume Gasoline <input type="checkbox"/> ✓ Diesel <input type="checkbox"/> Gasohol <input type="checkbox"/> Kerosene <input type="checkbox"/> Heating Oil <input type="checkbox"/> Used Oil <input type="checkbox"/> Other, Please specify _____ _____ _____	<input type="checkbox"/> ✓ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> ✓ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> ✓ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Hazardous Substance CERCLA name and/or, CAS number _____ _____ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Mixture of Substances Please specify _____ _____ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
X. TANKS OUT OF USE, OR CHANGE IN SERVICE					
1. Closing of Tank					
A. Estimated date last used (mo./day/year) _____ _____ _____	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
B. Estimate date tank closed (mo./day/year) _____ _____ _____	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
C. Tank was removed from ground <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Tank was closed in ground <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Tank filled with inert material Describe _____ _____ _____ _____ _____ _____ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
F. Change in service <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Site Assessment Completed <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of a leak detected <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

XI. CERTIFICATION OF COMPLIANCE (COMPLETE FOR ALL NEW AND UPGRADED TANKS AT THIS LOCATION)							
Tank Identification Number	<div>Tank No. <u>1</u></div> <div>Tank No. <u>2</u></div> <div>Tank No. <u>3</u></div> <div>Tank No. ____</div> <div>Tank No. ____</div>						
1. Installation							
A. Installer certified by tank and piping manufacturers	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						
B. Installer certified or licensed by the implementing agency	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						
C. Installation inspected by a registered engineer	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						
D. Installation inspected and approved by implementing agency	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						
E. Manufacturer's installation check-lists have been completed	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						
F. Another method allowed by State agency. Please specify.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						
2. Release Detection (Mark all that apply)							
	<div>TANK PIPING TANK PIPING TANK PIPING TANK PIPING TANK PIPING</div> <div>A. Manual tank gauging <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div>B. Tank tightness testing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div>C. Inventory controls <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div>D. Automatic tank gauging <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div>E. Vapor monitoring <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div>F. Groundwater monitoring <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div>G. Interstitial monitoring double walled tank/piping <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div>H. Interstitial monitoring/secondary containment <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div>I. Automatic line leak detectors <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div>J. Line tightness testing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div>K. Other method allowed by Implementing Agency. Please specify.</div> <tr> <td colspan="2">3. Spill and Overfill Protection</td> </tr> <tr> <td>A. Overfill device installed</td> <td><input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>B. Spill device installed</td> <td><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> </tr>	3. Spill and Overfill Protection		A. Overfill device installed	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	B. Spill device installed	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3. Spill and Overfill Protection							
A. Overfill device installed	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						
B. Spill device installed	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						

OATH: I certify the information concerning installation that is provided in section XI is true to the best of my belief and knowledge.

Installer: R. E. Ramsey [Signature] 2/17/94
 Name Signature Date
President EAGLE STOP & SAVE
 Position Company